## Case 13-23051 Doc 6 Filed 07/31/13 Page 1 of 7

B22A (Official Form 22A) (Chapter 7) (04/13)

In re Alexander P Witte	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

## Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of periury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the 2 purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly, Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six Column A Column B calendar months prior to filing the bankruptcy case, ending on the last day of the month before Debtor's Spouse's the filing. If the amount of monthly income varied during the six months, you must divide the Income Income six-month total by six, and enter the result on the appropriate line. 3 Gross wages, salary, tips, bonuses, overtime, commissions. 1,037.85 Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. Debtor Spouse 0.00 \$ Gross receipts \$ Ordinary and necessary business expenses \$ 0.00 | \$ Business income Subtract Line b from Line a 0.00 Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. 5 Debtor Spouse Gross receipts 0.00 | \$ \$ Ordinary and necessary operating expenses 0.00 | \$ Rent and other real property income Subtract Line b from Line a 0.00 Interest, dividends, and royalties. 6 \$ 0.00 7 \$ Pension and retirement income. 0.00 Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that 8 purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; 0.00 \$ if a payment is listed in Column A, do not report that payment in Column B. **Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A 9 or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ **0.00** Spouse \$ 0.00 \$ **Income from all other sources.** Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or 10 domestic terrorism. Debtor Spouse a. Total and enter on Line 10 0.00 Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if 11 1,037.85 Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,037.85
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	12,454.20
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: MD b. Enter debtor's household size: 1	\$	58,269.00
15	<ul> <li>Application of Section 707(b)(7). Check the applicable box and proceed as directed.</li> <li>■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.</li> <li>□ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.</li> </ul>	does no	ot arise" at the

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION		F MONTHLY INCOM	ME FOR § 707(b)(	2)
16	Enter the amount from Line 12.				\$
17	Marital adjustment. If you checked the Column B that was NOT paid on a reguldependents. Specify in the lines below the spouse's tax liability or the spouse's suppamount of income devoted to each purposon to check box at Line 2.c, enter zero.  a.  b.  c. d.	ar basis for the househor e basis for excluding the ort of persons other that	old expenses of the debtor or the Column B income (such a the debtor or the debtor's of	the debtor's s payment of the dependents) and the	
10	Total and enter on Line 17	) C-l-t	I : 16 d d d	-14	\$
18	Current monthly income for § 707(b)(2				φ
	Part V. CALC	CULATION OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Deducti	ons under Standard	ls of the Internal Revenu	ie Service (IRS)	
19A	National Standards: food, clothing and Standards for Food, Clothing and Other at www.usdoj.gov/ust/ or from the clerk that would currently be allowed as exemple additional dependents whom you support	Items for the applicable of the bankruptcy court otions on your federal i	number of persons. (This in a).) The applicable number of	formation is available persons is the number	\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line al by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				
	Persons under 65 years of a a1. Allowance per person	a2.	Persons 65 years of age Allowance per person	or older	
	b1. Number of persons	b2.	Number of persons		
	c1. Subtotal	c2.	Subtotal		\$
20A	Local Standards: housing and utilities; Utilities Standards; non-mortgage expensions available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the number that would currently be allow any additional dependents whom you support the standards in the standar	ses for the applicable of the clerk of the bankru yed as exemptions on y	ounty and family size. (This ptcy court). The applicable fa	information is amily size consists of	\$

20B	not enter an amount less than zero.				
	<ul> <li>a. IRS Housing and Utilities Standards; mortgage/rental expense</li> <li>b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</li> </ul>	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entil Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transpo	Ψ			
	You are entitled to an expense allowance in this category regardless o vehicle and regardless of whether you use public transportation.				
22A	Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	□ 0 □ 1 □ 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	'Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	\$		
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transportation. (This amount is available at <a "one="" (available="" <a="" at="" car"="" costs"="" for="" from="" href="www.usdoj.gov/ust/" ownership="" the="">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Linthe result in Line 23. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the	IRS Local Standards: Transportation			
24	(available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Linte result in Line 24. <b>Do not enter an amount less than zero.</b>				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inc security taxes, and Medicare taxes. Do not include real estate or sale	ome taxes, self employment taxes, social	\$		

26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. eary 401(k) contributions.	\$
27		l average monthly premiums that you actually pay for term for insurance on your dependents, for whole life or for	\$
28		Enter the total monthly amount that you are required to gency, such as spousal or child support payments. <b>Do not Line 44.</b>	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.		
32		your basic home telephone and cell phone service - such as nternet service - to the extent necessary for your health and	\$
33	Total Expenses Allowed under IRS Standards. Enter	r the total of Lines 19 through 32.	\$
		Savings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your	
34	a. Health Insurance	\$	
	b. Disability Insurance	\$	
	c. Health Savings Account	\$	\$
	Total and enter on Line 34.  If you do not actually expend this total amount, state below:  \$	your actual total average monthly expenditures in the space	
35		family members. Enter the total average actual monthly e and necessary care and support of an elderly, chronically f your immediate family who is unable to pay for such	\$
36	<b>Protection against family violence.</b> Enter the total averactually incurred to maintain the safety of your family u other applicable federal law. The nature of these expens	nder the Family Violence Prevention and Services Act or	\$
37	Standards for Housing and Utilities, that you actually ex	mount, in excess of the allowance specified by IRS Local spend for home energy costs. You must provide your case and you must demonstrate that the additional amount	\$
38	Education expenses for dependent children less than actually incur, not to exceed \$156.25* per child, for atte school by your dependent children less than 18 years of documentation of your actual expenses, and you mus necessary and not already accounted for in the IRS \$\infty\$	andance at a private or public elementary or secondary age. You must provide your case trustee with t explain why the amount claimed is reasonable and	\$

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$	
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).			\$	
41	<b>Total Additional Expense Deduction</b>	ns under § 707(b). Enter the total of L	ines 34 through 40		\$
		Subpart C: Deductions for De	bt Payment		
42	own, list the name of the creditor, ide check whether the payment includes t scheduled as contractually due to each	For each of your debts that is secured ntify the property securing the debt, sta axes or insurance. The Average Month a Secured Creditor in the 60 months for additional entries on a separate page.	ate the Average Montl ly Payment is the tota llowing the filing of t	nly Payment, and all of all amounts he bankruptcy	
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		\$ Total: Add Lines	□yes □no	\$
44 45	motor vehicle, or other property necessively deduction 1/60th of any amount payments listed in Line 42, in order to sums in default that must be paid in othe following chart. If necessary, list a Name of Creditor  a.  Payments on prepetition priority clapsification of the following chart. If necessary, list a necessary of the following chart. If necessary, list a necessary of the following chart. If necessary, list a necessary of the following chart. If necessary, list a necessary of the following chart.  Chapter 13 administrative expenses chart, multiply the amount in line a by the necessary of the necessary o	Property Securing the Debt  aims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.  If you are eligible to file a case under the amount in line b, and enter the resultant as determined under schedules the for United States Trustees. (This the www.usdoj.gov/ust/ or from the clerk of	your dependents, you the creditor in addition the cure amount wou re. List and total any 1/60th of the street the time of your banks to chapter 13, complete sulting administrative	a may include in on to the ld include any such amounts in e Cure Amount otal: Add Lines aims, such as ruptcy filing. Do the following expense.	\$ \$
		ive expense of chapter 13 case	Total: Multiply Line	es a and b	\$
46	-	Enter the total of Lines 42 through 45			\$
	S	subpart D: Total Deductions f	rom Income		
47	Total of all deductions allowed under	er § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
	Part VI. Di	ETERMINATION OF § 707(b	o)(2) PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Cu	rrent monthly income for § 707(b)(2)	))		\$
49	Enter the amount from Line 47 (To	tal of all deductions allowed under §	707(b)(2))		\$
50	Monthly disposable income under §	<b>707(b)(2).</b> Subtract Line 49 from Line	48 and enter the resu	ılt.	\$
51	<b>60-month disposable income under</b> result.	§ 707(b)(2). Multiply the amount in Li	ne 50 by the number	60 and enter the	

	<b>Initial presumption determination.</b> Check the applicable box and proceed as di	rected.		
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.			
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.			
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. C	omplete the remainder of Part VI (L	ines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt		\$	
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	er 0.25 and enter the result.	\$	
	Secondary presumption determination. Check the applicable box and proceed	as directed.		
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	for "The presumption does not aris	e" at the top of page 1	
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may		on arises" at the top	
	Part VII. ADDITIONAL EXPENSE	E CLAIMS		
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfar you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses.			
	Expense Description	Monthly Amou	nt	
	a.	¢.		
	u.	\$		
	b.	\$		
	b. c.	\$ \$		
	b. c. d.	\$ \$ \$		
	b. c. d. Total: Add Lines a, b, c, and d	\$ \$ \$ \$		
	b. c. d.	\$ \$ \$ \$		
	b. c. d. Total: Add Lines a, b, c, and d  Part VIII. VERIFICATIO  I declare under penalty of perjury that the information provided in this statement	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	t case, both debtors	
57	b. c. d. Total: Add Lines a, b, c, and d  Part VIII. VERIFICATIO  I declare under penalty of perjury that the information provided in this statement must sign.)	\$ \$ \$ \$  N is true and correct. (If this is a join are: /s/ Alexander P Witte	et case, both debtors	
57	b. c. d. Total: Add Lines a, b, c, and d  Part VIII. VERIFICATIO  I declare under penalty of perjury that the information provided in this statement must sign.)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$  N  is true and correct. (If this is a join	t case, both debtors	

 $<sup>^*</sup>$  Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.